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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) BETH VAN DUYNE FOR CONGRESS PO BOX 630167 ADDRESS (number and street) (Check if address is changed) **IRVING** 75063 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS COMPLIANCE@RIGHTSIDECOMPLIANCE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.bethfortexas.com (Check if address is changed) DATE 2021 C00714865 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. HOBBS, CABELL, , , Type or Print Name of Treasurer HOBBS, CABELL, , , [Electronically Filed] 18 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1

Federal Election Commission Use Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

	FEC Fo	orm 1 (Revised 02/2009) Page 2	
		COMMITTEE e Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) Nam	e of	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candid information below.)	ate
	didate	VAN DUYNE, ELIZABETH, ANN, ,	
	didate / Affiliati	tion REP Office Sought: House Senate President District	TX 24
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	mmittee:  (National, State (Democratic,	
(d)		This committee is a committee of the committee of the Republican, etc.	) Party.
Poli	tical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	tion is a
		Corporation Corporation w/o Capital Stock Labor Organization	ation
		Membership Organization Trade Association Cooperative	
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund o committee. (i.e., nonconnected committee)	r party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, at least one of which is an authorized committee of a federal candidate.	al
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.	al
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number	
	3.	FEC ID number C	
	4		

1		
FEC Form 1 (Revised 0		Page <b>3</b>
Write or Type Committee Name		
BETH VAN DU	YNE FOR CONGRESS	
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor
BETH VICTORY FUNI	) 	
Mailing Address	PO BOX 630167	
	IRVING	75063
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representation	ive Leadership PAC Sponsor
<ol> <li>Custodian of Records: Iden books and records.</li> </ol>	tify by name, address (phone number optional) and position of the per	rson in possession of committee
HOBBS, C	ABELL, , ,	
Full Name	PO BOX 630167	
Mailing Address		
	IRVING TX	75063
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	
8. <b>Treasurer:</b> List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; a ssistant treasurer).	and the name and address of
Full Name HOBBS, C.	ABELL,,,	
of Treasurer	IPO BOX 630167	
Mailing Address	10 500 000 107	
	IRVING TX	75063
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	

FEC Form	1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other D	Depositories: List all banks or other depositories in which the committee deposits funds, hold	is accounts, rents
Name of Bank, De	Prository, etc.  TRUIST (FORMERLY BB&T)  2200 WILSON BLVD  STE 100  ARLINGTON  VA 22201	
Name of Bank, De	TRUIST (FORMERLY BB&T)  2200 WILSON BLVD  STE 100	ZIP CODE
Name of Bank, De	TRUIST (FORMERLY BB&T)  2200 WILSON BLVD  STE 100  ARLINGTON  CITY  STATE	ZIP CODE
Name of Bank, De  Mailing Address  Name of Bank, De	TRUIST (FORMERLY BB&T)  2200 WILSON BLVD  STE 100  ARLINGTON  CITY  STATE	ZIP CODE
Name of Bank, De  Mailing Address  Name of Bank, De	TRUIST (FORMERLY BB&T)  2200 WILSON BLVD  STE 100  ARLINGTON  CITY  STATE  Possitory, etc.	ZIP CODE

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_5 **of** \_13\_\_

5(g) or (h)	. Joint Fundraising	Participant:	
	1.		FEC ID number
	2.		FEC ID number
	3.		FEC ID number
	4		FEC ID number
	ne of Any Connected C	_	sing Representative, or Leadership PAC Sponsor
L			
	Mailing Address	PO BOX 30844	
		BETHESDA	MD 20824-0844
	Relationship:	CITY A	STATE ▲ ZIP CODE ▲
	Connected	Organization Affiliated Committee Joint Fu	undraising Representative Leadership PAC Sponsor
8. <b>Des</b>	signated Agent: Identify	by name, address (phone number – optional)	
	Full Name		
	Mailing Address		
	TITLE OR POSITION •	CITY A	STATE ▲ ZIP CODE ▲
		Telep	phone Number
safe Nan	nks or Other Depositoriety deposit boxes or main	es: List all banks or other depositories in which the stains funds.	e committee deposits funds, holds accounts, rents
Deb		1	
	Mailing Address		
		CITY ▲	STATE A ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). <b>Joint Fundraisi</b>	. <b>3</b>		
1.		FEC ID number	r C
2.		FEC ID numbe	r C
3.		FEC ID numbe	r C
4.		FEC ID numbe	r C
	I Organization, Affiliated Committee, Joint Fu	ndraising Representa	tive, or Leadership PAC Spon
Mailing Address	PO Box 30844		
	Bethesda	MD	20824
Relationship:	CITY A	STATE	▲ ZIP CODE ▲
		loint Fundraising Represe	entative Leadership PAC Sp
	Affiliated Committee X J		entative Leadership PAC Sp
esignated Agent: Identi			entative Leadership PAC Sp
esignated Agent: Identi			entative Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in wh	STATE A	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in wh	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). <b>Joint Fundraisi</b>	ig i di dolpanti		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadership PAC Spons
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA		22314
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
		int Fundraising Represent	ative Leadership PAC Spo
	Affiliated Committee Jofy by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		int Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		int Fundraising Represent	ative Leadership PAC Spo
Designated Agent: Identi		int Fundraising Represent	Leadership PAC Spo
Designated Agent: Identi  Full Name    Mailing Address	fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Spo
Designated Agent: Identi	fy by name, address (phone number – optional)  CITY		
Pesignated Agent: Identi  Full Name   _   _    Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Identi  Full Name	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e. or Leadership PAC Spon
VAN DUYNE KIM			
Mailing Address	P.O. BOX 341027		
<b>y</b>			
	AUSTIN	TX L	78734
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identify	by name, address (phone number – optional)	Fundraising Representa	
esignated Agent: Identify	by name, address (phone number – optional)		
	by name, address (phone number – optional)		Leadership PAC Sp
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		
Full Name Mailing Address  TITLE OR POSITION	CITY   CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION anks or Other Deposito afety deposit boxes or material deposition and the state of Bank,	CITY   CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION anks or Other Deposito afety deposit boxes or material deposition and the state of Bank,	CITY   CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc	CITY   CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or material deposition and the property of the position and the property of the position and the property of t	CITY   CITY   Te	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	С
4.		FEC ID number	C
IRON LADIES PA	I Organization, Affiliated Committee, Joint Fun	draising Representativ	re, or Leadership PAC Spons
Mailing Address	PO BOX 341027		
	AUSTIN	TX	78734
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		int Fundraising Represent	tative Leadership PAC Sp
Connecte  Designated Agent: Identi  Full Name	ed Organization Affiliated Committee	int Fundraising Represent	tative Leadership PAC Spo
Connecte  Designated Agent: Identi	ed Organization Affiliated Committee	int Fundraising Represent	tative Leadership PAC Spo
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Connecte  Designated Agent: Identi  Full Name	Affiliated Committee    Jo  fy by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Spo
Connecte  Designated Agent: Identi  Full Name  Mailing Address	Affiliated Committee   Affiliated Committee   Journal  Type Description  Type Descri		
Connected Agent: Identification of the Connected Agent: I	Affiliated Committee  Affiliated Committee  Type  Type	STATE   Telephone Number	ZIP CODE A
Connected Pesignated Agent: Identification of Bank, Depository, etc.	Affiliated Committee  Affiliated Committee  Type  Type	STATE   Telephone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

2.		FEC ID number	C
3.		FEC ID number	C
4.			0
	d Organization, Affiliated Committee, Joint Fundr UYNE VICTORY FUND	raising Representative	e, or Leadership PAC Spons
Mailing Address	PO BOX 341027		
	AUSTIN		78734
Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
Connect	ed Organization Affiliated Committee X Joint	Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee	Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident		Fundraising Represent	Leadership PAC Sp
esignated Agent: Ident	ify by name, address (phone number – optional)		
esignated Agent: Ident	ify by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Ident  Full Name  Mailing Address	ify by name, address (phone number – optional)		
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spons
VAN DUYNE MIL	LER-MEEKS PAC		
1			
Mailing Address	PO BOX 341027		
	AUSTIN	TX T	78734
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee	t Fundraising Represent	ative Leadership PAC Sp
		t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Sp
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esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b>	ig Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
2022 PHASE 1 P	ATRIOT DAY JFC		
	<u> </u>		
Mailing Address	228 S. WASHINGTON STREET		
Mailing Addless	SUITE 115		
	ALEXANDRIA		22314
Relationship:	CITY A	STATE A	ZIP CODE A
Connecte	d Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif	Affiliated Committee Joint Joint by by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identif  Full Name  Mailing Address	by by name, address (phone number – optional)  CITY		
esignated Agent: Identif  Full Name  Mailing Address	by by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION   anks or Other Deposito	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address  TITLE OR POSITION AREA OF Other Depositor Afety deposit boxes or mailing and ma	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
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## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

n). <b>Joint Fundraisin</b>							
1.					number	С	
2.				FEC ID	number	С	
3				FEC ID	number	C	
4.				FEC ID	number	C	
ame of Any Connected			e, Joint Fundr	aising Rep	resentative	e, or Leadersh	ip PAC Spor
Van Duyne Boebe	rt Victory Fund	<b>i</b>					
Mailing Address	PO BOX 341027						
	AUSTIN				TX	78734	
Relationship:		CITY A			STATE A	ZI	P CODE ▲
Connected	Organization A	Affiliated Committ	ee X Joint	Fundraising	Representa	Lead	lership PAC S
		Affiliated Committ		Fundraising	Representa	ative Lead	lership PAC S
esignated Agent: Identify		Affiliated Committ		: Fundraising	Representa	ative Lead	lership PAC S
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esignated Agent: Identify  Full Name  Mailing Address	by name, address	Affiliated Committ	- optional)		Representa		
esignated Agent: Identify  Full Name	by name, address	Affiliated Committ	- optional)		STATE A		
esignated Agent: Identify  Full Name  Mailing Address	by name, address	Affiliated Committed (phone number	- optional)	Selephone Nu	STATE A	ZIP	CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor fety deposit boxes or ma	by name, address	Affiliated Committed (phone number	- optional)	Selephone Nu	STATE A	ZIP	CODE A
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